

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WT	69100	2/2/00
O.I.P.E. CLASSIFIER	DY	32	2/2/00
FORMALITY REVIEW		31480	2/2/00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
57	01/01/01
58	01/05/01
59	01/14/01
60	02/04/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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